

**Testimony of Fred Hyde, MD, on Appropriations to Support the Care of the Intellectually and Developmentally Disabled**  
**February 23, 2017**

Members of the Appropriations Committee:

My name is Fred Hyde. I am a resident of Ridgefield, and make my living consulting in the health field. For fifteen years I have also lectured in health care management, first as a Clinical Professor in Columbia University's public health school, now in Columbia's Business School.

I have been asked to testify before you by SEIU Healthcare 1199NE, on whose behalf I examined the proposed Five-Year Plan of the Department of Developmental Services. That examination resulted in the production of a report which, together with a bibliography and support materials, can be found at

<http://pausebuttonforddsfiveyearplan.org>.

Others can testify to those aspects of the Department's activities which have led to deterioration of care in privatized group homes, as well as to the exceptional and often heroic efforts required on the part of professionals and staff in both the public and private facilities.

My job today is to draw your attention to the unanticipated expense and lack of savings generally involved with privatization efforts.

First, please look at "4. Narratives, Client Care" at the web site referenced above.

These are stories from professionals and staff caring for the intellectually and developmentally disabled clients of the Department. I solicited these narratives and have organized them in such a manner that a few moments of your time will give you a "feel" for this anecdotal evidence.

Then, please look at "5. Privatization, Failures," at the same website address. This is a sobering review of the human services privatization studies for the past twenty years. The anecdotes are important because they show the reasons why the studies of privatization reveal failure, program failure for the clients, but also a financial failure for those who support privatization.

The anecdotes explain why the studies show what they do. I have tried to confine these studies to governmental or peer reviewed publications, since, as you can appreciate, there are any number of "advocacy" articles and representations on both sides.

*What question faces you now?*

Simply this: Leaving aside the integrity of services in public or private, will the State of Connecticut save money by proceeding with large-scale privatization and dis-establishment of its current service constellation or, in the alternative, will the costs (as documented in the activities of other states, and the anecdotes of those involved in client care) overwhelm such proposed savings?

Let me be clear: When comparing the "costs" of one individual (in the private sector, in a group home) to another (in the public sector, in a home or institution), the former will almost always appear "less expensive."

There are significant costs, however, to the "life cycle" of this "less expensive" individual, initially hidden, but knowable. Those "life cycle costs" involve (1) inexperience, (2) inadequate supervision, (3)

failures in ongoing training, (4) misery and expenses incurred in other parts of the human service system, when hospitals, doctors, and “rescue and repair” services are needed, and (5) the dis-establishment of infrastructure.

In summary, I hope that you will have (or have had) an opportunity to look at this question with a skeptic’s (not necessarily a cynic’s!) eye on claims.

Experience here is our greatest teacher, and experience reveals that the shortcomings in abrupt and large-scale privatization include deterioration of services, incursion of unanticipated expenses, and, with some predictability, scandal.

Thank you for the opportunity to present these views.